



APPROVED AGENCY FOR THIRD PARTY INSPECTIONS

Division of Zoning, Permitting & Inspections
Fauquier County Department of Community Development
29 Ashby Street, Suite 310, Warrenton, Virginia 20186

Building Phone: 347-8646
Facsimile: 347-2043

Only Approved Agencies may conduct Third Party Inspections. Use this form to apply to become an Approved Agency for Third Party Inspections in Fauquier County.

Company Name _____

Name _____ Title _____

Address _____

Phone _____ Email _____

Contact Person: _____ Phone: _____

Virginia Registered Design Professionals

1. Name: _____ License No. _____
2. Name: _____ License No. _____
3. Name: _____ License No. _____

Certified Field Inspectors (see table in Third Party Policy document for required certifications)

1. Name of Inspector: _____
Inspector's Certification: _____ DHCD _____ ICC _____ WACEL _____
_____ DHCD _____ ICC _____ WACEL _____
_____ DHCD _____ ICC _____ WACEL _____
_____ DHCD _____ ICC _____ WACEL _____
_____ DHCD _____ ICC _____ WACEL _____

2. Name of Inspector: _____
Inspector's Certification: _____ DHCD _____ ICC _____ WACEL _____
_____ DHCD _____ ICC _____ WACEL _____
_____ DHCD _____ ICC _____ WACEL _____
_____ DHCD _____ ICC _____ WACEL _____
_____ DHCD _____ ICC _____ WACEL _____

3. Name of Inspector: _____
Inspector's Certification: _____ DHCD _____ ICC _____ WACEL _____
_____ DHCD _____ ICC _____ WACEL _____
_____ DHCD _____ ICC _____ WACEL _____
_____ DHCD _____ ICC _____ WACEL _____
_____ DHCD _____ ICC _____ WACEL _____

Insurance Requirements

1. Minimum \$1,000,000 each occurrence general liability with a \$2,000,000 aggregate;
2. Minimum \$1,000,000 automobile liability insurance;
3. Minimum \$1,000,000 professional errors and omissions insurance;
4. Statutory limits of the Commonwealth of Virginia Worker's Compensation insurance; and
5. Minimum of \$100,000/\$500,000/\$100,000 Employer's Liability insurance.

Insurance Company: _____ Policy # _____

Submit this completed and signed form along with:

1. A copy of each Registered Design Professional's current license.
2. A copy of each Field Inspector's current certifications.
3. A copy of the certificate(s) of insurance meeting the requirements above.

I hereby certify that I have read the Fauquier County Third Party Inspections Policy, Procedures & Qualifications document and that I agree to all requirements set forth in that document.

Signature _____ Date _____

For Office Use Only

RDP

1. ☐ R'cd ☐ Approved

2. ☐ R'cd ☐ Approved

3. ☐ R'cd ☐ Approved

Inspectors

1. ☐ R'cd ☐ Approved

2. ☐ R'cd ☐ Approved